

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAFILED
SCRANTON

MAY 04 2018

PER [Signature]
DEPUTY CLERK(1) Steven D. Blankenship #81372-083 :

(Name of Plaintiff) (Inmate Number) :

United States Penitentiary :P.O. Box 019001 :Altoona, PA 15301 :

(Address) :

(2) _____ :

(Name of Plaintiff) (Inmate Number) :

(Address) :

(Each named party must be numbered,
and all names must be printed or typed)

vs. :

CIVIL COMPLAINT

(1) David Ebbert, Warden :(2) P.O. Box 1000 :(2) Lewisburg, PA #17837 :

(3) _____ :

(Names of Defendants) :

(Each named party must be numbered,
and all names must be printed or typed)

TO BE FILED UNDER: _____ 42 U.S.C. § 1983 - STATE OFFICIALS

☒ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NO

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? I filed an SF-95 Federal Tort Claims Act for Personal Injury: Claim No. TRT-NER-2017-05854
 2. What was the result? I was offered a Settlement that was not what I had requested for Damages.
- D. If your answer to "B" is No, explain why not: _____
- _____

III. DEFENDANTS

- (1) Name of first defendant: David Elbert
- Employed as Warden at USP Lewisburg
 Mailing address: P.O. Box 1000 Lewisburg, PA 17837
- (2) Name of second defendant: _____
 Employed as _____ at _____
 Mailing address: _____
- (3) Name of third defendant: _____
 Employed as _____ at _____
 Mailing address: _____

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. I was at USP Lewisburg and Spoiled food was served to the extent that Several Hundred people, including myself, After Several Failed attempts to seek

medical's Attention, was determined to have contracted Salmonella

2. infection. Around November 19th ~~2016~~ 2016 I noticed I had had ~~a~~ diarrhea and was dropping weight, informing medical Staff, I was told only to drink water, I was dehydrated. After 3 or 4 attempts, being told the same thing, never once
3. was I pulled out and triaged to assess the severity of the situation, I started to inform the nurses that I was vomiting and showing spots of Blood in my stool. I was worried. I also started to let Psychology know, to which I. ~~See Attachment~~

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I am asking that I be compensated for my pain and suffering as the result of being served rotten food and then further by being neglected by medical staff in failing to provide adequate treatment. The request for
2. compensation is in the amount of (\$10,000.00) Ten thousand Dollars. ~~at the rate of \$10,000.00 per month for 12 months~~
~~at the rate of \$10,000.00 per month for 12 months~~
3.

I was told they would see. Only after several other inmates started to complain was the institution put on Quarantine Status and then were we triaged, Determining that I had acute gastro-intestinal infection, a fever 102.9 and was started on electrolytes and a fever reducer, to try and alleviate my pain, for I was in Severe Discomfort.

Medical records indicate that the requests in writing that I had been submitting were not even recorded, there is no log that they even exist, but God knows I tried to get help and was neglected treatment.

Their Delay in providing treatment clearly by the records, made the medical problem significantly worse.

When officials became aware of the situation, they not only failed to provide appropriate treatment, but continued that neglect until staff were forced to take corrective measures throughout the entire institution.

According to medical records, as is very clear, after the staff became ^{aware} of an uncontrollable situation, medical staff, appears to intentionally cover up their neglect in denying adequate and sound medical advice and treatment.

While being fully aware of the consequences of their actions the medical staff at USP Lewisburg neglected to treat me and other inmates until after it was determined that the ~~entire~~ almost the entire population and to be placed in Quarantine Status in which in turn caused further neglect.

Proper Diagnosis would have prevented prolonged suffering and the severity of my injuries.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28th day of April, 2018.

Heaven Blankenship #81372-063
(Signature of Plaintiff)

#81372-083
Steven D. Blankenship
United States Penitentiary
PO Box 019001
Attwater, CA 95301

RECEIVED
SCRANTON

MAY 04 2018

PER JA DEPUTY CLERK

SACRAMENTO CA 95834

01 MAY 2018 PM 12

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18501-114848

